

Part of the Given

Horse and the Little Girl tells of a toddler who visits her grandparent's home and discovers a dilapidated rocking horse that was a gift to her father when he was a little boy. She is enchanted with Harry whom she calls *Horse* and rides him each time she visits. Her grandfather decides to rebuild Harry, now called *Horse*, for her. In the meantime she grows weak from a rare genetic disease and is able to ride *Horse* only one more time before she dies. The grandparents agree that God is not vindictive, but loving and the first to cry when someone dies—that the little girl's life, no matter how short, was worth the pain and loss. *Horse* is devastated, but soon meets the girl's baby brother born the day before she died. After struggling with himself, *Horse* decides his little friend would want him to be her brother's horse, his heart big enough for both children.

I wrote this story as part of my grief and healing over the death of my young granddaughter. My intention was also to help others see God, not as a being who causes death to occur willy-nilly, but rather as a compassionate friend there to offer love and comfort in our time of grief. All of us, godless or not, have anxieties about dying and death. Those who profess God often say with a sigh of resignation that it is God's will. Others, particularly when they lose a young child, blame God bitterly. It is not at all uncommon in such circumstances for couples to divorce.

Socrates said the unexamined life is not worth living. Life's passages affect us all—how we deal with them determines the ease of difficulty. Death is the ultimate universal passage. If life is a gift, death is part of the given. For the most part death of an aged person is accepted, if not as a blessing. Death of a child or young person is viewed as tragic and untimely—not the natural order of things. As a physician, death has been an integral part of my life. An unspoken reason for choosing medicine as a career is an interest in death's mystery. One soon learns that it can be forestalled, but not avoided. There is subconscious relief and guilt when death strikes someone else. This relief and guilt is part of post traumatic stress disorder (PTSD) experienced by a soldier when he/she is spared and a buddy killed. It may explain some of the fascination with TV CSI shows. At age six I reflected on Dan Clemenson's death from pneumonia, a young farmer who left a wife and young children. At the same time I wondered at the truck full of dead animals picked up at various farms. It must have impacted me to recall his name and the events after 68 years. As grade school children, my brother and I were severely scolded for asking a neighbor lady permission to see her dead husband lying in the parlor, customary before the mid 1900s. He was the first dead person I saw. At age 33 I gave a sermon on death—I was struck that Jesus died at 33. Over the years I gave eulogies for friends and patients without a church. Hospice was one of my interests also.

One hundred years ago half of all funerals were children under the age of five. My mother was one of four girls and three boys. The boys were all dead by the age of two. My father lost a sister in the great flu epidemic of 1918. He told me families expected to lose a child or two from childhood diseases. Some families withheld naming a child until they were fairly sure the child would make it—sometimes weeks. This is still true in Ecuador and other third world countries. Pictures of dead people were kept in family photo albums. With advances in medicine and movement of illness and death from home to hospital and funeral parlor, Americans have gone into denial about death as an inseparable part of life. We acted with disbelief at 9-11, but ignore the fact that each year 5,500 die from work accidents, 42,000 from car accidents, 150,000 from alcohol, and almost 500,000 from tobacco. We are blasé unless it affects us personally or we see a catastrophe. Somehow we just don't see the paradox.

It's sad to see my granddaughter always at the same age, while her younger cousins grow and change each year. Accepting her life, albeit short, and the reality of her death, though painful, as part of the given allows me to live expectantly in the presence of a loving and comforting God.

Jerrold E. Johnson

Physician Assisted Death---PAD

Last December 31, 2009, in *Baxter v. State of Montana*, a Montana Supreme Court found that the consent of a terminally ill, competent adult to self administer a lethal medication would protect the physician from liability for homicide. We joined Oregon and Washington in legalizing PAD (we by judicial decision and they by popular vote). This issue will certainly be dealt with by our next legislature. More information can be had from Pat Tucker through Compassion and Choices, e-mail: thoughtfulconclusions@gmail.com. 86% of persons who have used Oregon's Death With Dignity Act were enrolled in Hospice. Only 341, 1/10,000 have used it in 10 years. Low usage is contributed to high quality of Oregon Hospice in care and pain relief. Oregon was second best state in which to die in 2005 with among highest home death rate, lowest cost for end of life care with high patient/family satisfaction. Oregon advanced planning is highest by a big margin with 80% having advanced directives. The main problem is there is no provision for helping the person who is competent mentally and unable to take medicine without help.

Death is inevitable—we are born and we die. Generally we are not in a hurry. What we fear is loss of autonomy, ability to enjoy life and dignity. Loss of control is fifth. A study of people over 50 showed 74% of respondents are afraid of dying in pain. A third fear addiction needlessly and won't seek needed pain relief. Multiple studies show 45-85% of nursing home residents have substantial pain and at least 30% die in severe pain. 70% of Americans would consider suicide if they had uncontrolled pain associated with disease. It occurred to me as an ex-POW doc that those instituting the rule of only responding to the enemy with name, rank and serial number had not had their elbows tied together behind their back, and hoisted with a rope to dislocate their shoulders. They've never been paralyzed or had ALS and been unable to shift positions, move off a wrinkle, been unable to scratch an itch. They haven't lain in their own feces or urine, suffered the shame of being exposed, choked on their own saliva and had this go on day after day after day while they waste away. In two recent surveys 60% of Montanans support end of life choices, 63% support the MT Supreme Court ruling, and 70% oppose the State Legislature interfering with the court decision.

A review of major religions including both Christian and non-Christian including our own ELCA all oppose PAD. Our church does acknowledge that physicians "struggle to choose the lesser evil" in some cases, e.g. when pain is so severe "that life is indistinguishable from torture." Some of the more liberal denominations like Methodist, Presbyterian, Episcopalian, Unitarian, United Church of Christ, etc. accept the individual's freedom of conscience (free will?) to determine the means and timing of death. Google has many articles on PAD, suicide, and religious philosophy. What's odd is God in the OT caused genocide in the deaths of Egyptians, destruction of those opposed to the Israelites entry into Palestine, I Samuel 17.7 where they danced and sang, "Saul has killed his thousands, and David his tens of thousands." Ecc 3.1 reads, a time to be born, a time to die, a time to kill, a time to heal, etc. The Bible is inconsistent about Judas's death, suicide in Matt 27 and a fall splitting his abdomen in Acts 1, but there is little evidence of condemnation. The 1996 report on assisted suicide by a task force of the Episcopal Diocese of Newark is a gem, exploring the issue from religious, ethical, spiritual, clergy, patient, family and medical aspects. The main resolve is: That we affirm that suicide may be a moral choice for a Christian when: a person's condition is terminal or incurable; when

pain is persistent and/or progressive; when all other reasonable means of amelioration of pain and suffering have been exhausted; and when the decision to hasten death is a truly informed and voluntary choice free from external coercion. Assisting another in accomplishing voluntary death under these circumstances may be an equally moral choice.

Many of us commit prolonged suicide by our habits and lack of healthy lifestyle. It amazes me that churches can rationalize war with collateral damage and at the same time call suffering good. Suffering as a martyr for one's faith is one thing, but when my field of medicine ceases to expand the length and quality of life and, instead postpones the dying process for a suffering patient with no hope, I for one can no longer agree. I convinced my parent's doctor to stop all medication when Dad was a wasted, angry, helpless shell from a stroke, all dignity and life quality gone. He actually improved for a few days, told Mom he loved her and slipped away satisfied. Mom, mind gone a year and a half, was playing merry-go-round from nursing home to hospital. She was in and out of heart failure. I convinced him to withdraw medicine, give her morphine which works well for failure and she died peacefully a few days later.

Christians, who of all people should see death in its time as a passage—a new beginning with Jesus—actually fear death as much or more than non-believers. Former Episcopal Bishop, John Selby Spong said, "Death, a natural part of life's cycle must be embraced as something good—a friend, not an enemy. Death is a shadow that gives life passion."

Jerrold E. Johnson, May 28, 2010

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